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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid CMB control number.  PATENT APPLICATION FEE DETERMINATION RECORD  Application or Docket Number											
Substitute for Form PTO-875							RECORD				
CLAIMO AC CUED. CACT											
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL I	ENTITY	OR	OTHER THAN SMALL ENTITY		
FOR NUMBER FILED			NUMBER EXTRA		1	RATE	FEE	Ì	RATE	FEE	
8ASIC FEE (37 CFR 1.16(a))					1			OR			
101	AL CLAIMS							-			·
(37 CFR 1.16(cj) INDEPENDENT CLAIMS		us .	entrius 20 =				X 5		OR	× 5	
(37 CFR 1.16(b)) minus 3 ° °					l	× 5=		OR	x s		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1,16(d))							<u>+;</u> .		OR	+ 5	
" If the difference in column 1 is less than zero, enter "V" in column 2.							TOTAL		OR	TOTAL	
\ \ CLAIMS AS AMENDED - PART II											
1.1 000											THAM
7	(Column 1) (Column 2) (Column 3)				SMALL E	NTITY	OR	SMALL			
⋖	<b>'</b>	CLAIMS REMAINING		MIGHEST NUMBER	PRESENT	l	RATE	ADDI-		RATE	ADDI-
붉		AFTER AMENQMENT	<u> </u>	PREVIOUSLY PAID FOR	EXTRA	ト	. /	TIONAL FEE			TIONAL FEE
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	Independent (3) CFR (.16(b))	· 12	Minus	n	•	1	×.X.		CR	x s =	
AM	S				1	7					
The state of the s						}	TOTAL =		OR	†\$ °	
							ADD'L FEE		OR	ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
В		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT		RATE	ADDI-		RATE	ADDI-
Þ		AFTER	l	PREVIOUSLY	EXTRA	l	IOILE	TIONAL		KAIC	TIONAL
AMENDMENT	Total	AMENDMENT	Minus	PAID FOR	•			FEE			PEE
₫	(27 CFR 1.18(4)) Independent (27 CFR 1.18(5))	. 3	Minus	- 12			x s=		OR	X \$	
NE NE	(37 CFR 1.160-0)	<u>3</u>			L		x \$o		OR	X 5	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.1860)							+5=		OR	+ sa	
							TOTAL ADD'L FEE		OR	TOTAL ADO'L FEE	
ئے	3-29-6	Column 1)		(Column 2)	(Column 3)		•	·	1		
_		CLAIMS		HIGHEST							
NTC		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDMENT	Total profession	. 9	Minus	- 20		M	x \$=		OR	× 3	
Z	independent (I/CFR 1,1803)	. 1	Minus	- 3	2		x s_ =		OR		
¥		ATION OF MULTIPLE	PLE DEPENDENT CLAIM (37 CFR 1.18(d))				+:		CR	+ 1	
							TOTAL			TOTAL	
	I the arts b	nhyma 1 je kusa ska	n the eate	v in cohima 2 ==0	n TT in solue	3	ADD'L FEE		OR	ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  " If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 3, enter "3".											
	I Izerupresi P	cumper Previously	rais For	IN THIS SPACE	is iese unan 3, e	ntel	· <b>5</b> .				

The "Highest Number Previously Pail For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to life (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete substancing gothering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the enound of time you require to complete this form endfor suggestions for exclusing this burden, should be sent to the Chief Information Officer, U.S. Petent and Tradenarts Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.